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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Simple Tumours of the Breast. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to the Hospital for Women, and Asst. Surgeon to University Hospital.

GENTLEMEN: In my last lecture (see No. of *News* for June, 1871, p. 81) mention was made, incidentally, of collections of milk occasionally occurring in the ducts or sinuses around the nipples, and commonly known as lacteal tumours, the treatment of which is sufficiently simple. There is, however, another and more serious form of cyst in the breast containing milky fluid or its remains, which is occasionally met with, and which is known as *galactocele*. These milk-containing cysts occur during lactation, and undoubtedly depend upon obstruction and dilatation of one or more of the milk-ducts in the substance of the gland. They are slow in progress, and may exist during many months before they come under the notice of the surgeon; and there seems little doubt, from the researches of M. Forget, that, when of large size, the over-distended tube gives way, and the wall is formed by the breast-substance. The tumours present all the ordinary signs of fluctuation, &c., when of large size and near the surface; but are very difficult of diagnosis when deeply seated. The size they may attain to is well shown by one of the earliest cases on record—namely, that of Scarpa—in which the tumour measured more than thirty inches round, and gave exit to ten pints of milk when punctured with a trocar. The contents of a galactocele may not, however, always be fluid milk; for a process of

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absorption of the watery portion of that fluid occasionally occurs, and a creamy or even cheese-like mass is consequently left, of which last an example is to be seen in Guy's Hospital museum.

The treatment of the simple collection of milk around the nipple is to lay it open, and the same treatment will be most effectual in the case of the other form of galactocele, if near the surface. If deeply situated, however, it will be well to try the effect of an oblique puncture with a trocar and canula, by which the contents will be evacuated; when possibly, as suckling ceases, the cyst will heal up. Extirpation of the cyst is the last remedy.

Quite irrespective of lactation, however, cysts may be developed in the breast; and though occasionally single, they are more often extremely numerous, and are scattered through the gland, as may be seen in the specimen before you. In considering the pathology of these cysts (the sero-cysts of Brodie, or the improperly called hydatids of Cooper), we find almost as much contradiction between observers as on the allied subject of cysts in the kidney. You will remember that two opposite theories are held with regard to renal cysts, Rokitansky and Simon maintaining the formation of these cysts from an enlargement of the cells or primary anatomical elements of the kidney, whilst George Johnson and Gairdner uphold their formation from obstructed ducts only. In the same way Birkett maintains the formation of cysts of the breast by obstruction and dilatation of the minute ducts, whilst Broca strongly upholds the formation of new cysts in the substance of the gland itself, and Virchow believes in both methods of formation. Mr. Birkett believes that, a duct happening to become obstructed, the walls become dilated or varicose, whilst the portions of the duct between the dilatations become contracted and eventually obliterated. The tortuosity of the ducts would thus account for the numerous and closely adjacent cysts so often seen, and the different angles at which the ducts would be cut in a section of the gland would account for the difference in the shape of the cysts. On the other hand, M. Broca (*Traité des Tumeurs*, ii. p. 84) maintains that all the cysts, whether large or small, are independent of the ducts, and that were they derived from the ducts the smallest cysts could not have the completely spherical form which is common to them, but would be more or less tubular or ellipsoidal. M. Broca allows, however, that the larger cysts may be due to obliteration of the ducts, and I think the point already mentioned with regard to the angle of section of a tube may explain the globular appearance of the small cysts. Most museums contain specimens of the disease, and the illustrations given in the plates of Sir Astley Cooper's work, which is before you, sufficiently elucidate the subject, although all forms of cyst were erroneously classed together by that eminent surgeon under the term "hydatids."

I am inclined to think that, whatever may be the origin of the numerous cysts which are found scattered through the breast, there can be no doubt that the large single or multiple cysts found in the neighbourhood of the nipple depend originally upon an obstructed duct; and hence the term "duct-cysts" given by Mr. Birkett in his recent essay in *Holmes's System*, is an excellent one. That these cysts are true duct-cysts, is proved by the fact that frequently by the exercise of gentle pressure some of the fluid may be forced out from the nipple, or may even flow from it spontaneously. This fluid is usually of a viscid, mucoid character, and varies in colour from straw-colour to a greenish-brown. The progress of the tumour is slow and painless, and, if near the nipple, the diagnosis of fluctuation is easy; but if the fluid is deep, and therefore difficult of recognition, recourse should be had to an exploring trocar or needle in order to clear up the doubt. It is to be borne in mind, that cysts occasionally coexist with cancerous tumours, and therefore the presence of fluid or its extrusion by the nipple is not a certain proof of the innocent character of the disease, if there is a distinct tumour left when the cyst has been emptied; or cancer may develop in a breast the subject of cystic disease for many years, as in a case recorded by Mr. Erichsen.

The treatment of these duct-cysts is unsatisfactory, unless complete removal of the cyst is performed. Last autumn I attended, with Dr. Whitmarsh, of Hounslow, a case of the kind in the breast of an unmarried patient who had been subjected to a variety of treatments, including injections and laying open the cyst, without benefit. I dissected out the cyst, and then found that its interior was lined with long papilliform growths of granulations, the result, no doubt, of irritation, but which effectually prevented any contraction or closure of the cyst. When the cysts are numerous, amputation of the breast will be required.

The *sero-cysts*, so well described by Sir Benjamin Brodie, may be found in any part of the breast, and are of very variable size. They are well represented in Plate 1 of Sir Astley Cooper's *Illustrations of Diseases of the Breast*, and are also seen in the preparations before you. The fluid contained in the smaller cysts is generally viscid and gelatinous, though clear; but in the larger cysts it is usually serous and limpid; and the evidence of fluctuation when near the surface is more distinct than in the case of the duct-cyst. Even in the smallest cyst a distinct epithelial lining will be found, and Broca relies upon this fact as conclusive of the fluid accumulating in a glandular cavity. When the cysts become much enlarged, the epithelial lining ceases to be continuous, but evidences of its existence are always present. The progress of the disease is slow and painless, as a rule, and it may subside altogether under treatment. This consists in the ordinary discutient applications, such as iodine, iodide of potassium ointment, &c., or the lotion of camphorated spirit and lead recommended by Brodie. If the skin over the cyst becomes thinned, evacuation of the cyst should be performed, when, if it does not close, it may be removed, or, in the case of numerous cysts, the breast must be removed.

The true *hydatid cyst* is of rare occurrence in the breast, Sir Astley Cooper giving only one real and one doubtful case, and Mr. Birkett having seen but two examples. The parasite is the ordinary acephalocyst, containing numerous echinococci floating in clear fluid, and is usually single. There are no means of distinguishing this from any other cyst, except by a microscopic examination of the fluid, when the characteristic hooklets of the echinococcus would be readily identified. Removal of the cyst (of which a drawing is given by Sir A. Cooper), and even removal of the breast itself, has been practised in these cases; but seeing how effective experience has shown the simple operation of tapping the cyst to have been in destroying the parasite and causing shrinking of the cyst in the case of the liver, it is not unreasonable to suppose that similar good results might follow a simple evacuation of the contents of the cyst in the breast; and I should certainly give the plan a trial in any case of the kind that came before me. In the museum of the Middlesex Hospital is a specimen of hydatid cyst which occurred in the practice of Mr. Mitchell Henry, and was found between the breast and the pectoral muscle, and adherent to both.

Sero-cystic sarcoma was the name given by Sir Benjamin Brodie to a form of disease which he first accurately described, although it is doubtless the disease referred to by Sir Astley Cooper as one of the forms of "hydatid" tumour of the breast. According to Brodie the disease begins by the formation of a cyst containing serous fluid, from the interior of which a solid growth takes place, filling up the cavity of the cyst more or less completely. By the gradual development and pressure of these intra-cystic growths, the skin covering the tumour may become thinned and ulcerated, and eventually a fungoid growth may protrude. This filling-up of the cavity is, however, by no means of constant occurrence; and not unfrequently large cysts are found in connection with sero-cystic sarcomata, as in the drawing I show you from Sir A. Cooper's *Illustrations of Diseases of the Breast*. This intra-cyst growth has been accepted by Mr. Paget as the correct explanation of tumours of the class described by Brodie; but he has put them under the heading of "proliferous mammary cysts," and has variously described the contents ac-

cording to their shape, size, and colour. These growths are generally allowed to be glandular in their origin; though in some cases, according to Paget, it is impossible to verify this fact microscopically. The researches of MM. Verneuil and Broca have, however, thrown some doubt upon the theory of the cystic formation of these tumours, as also of the denser form generally recognized as the chronic mammary tumour, of which I shall have presently to speak. According to these authors, the glandular nature of the growth within the cell is undoubted; for the pedicle by which it is attached in all cases to the gland, contains evidence of glandular continuity, under the microscope, in the form of long and straight tubes, filled with epithelium. They would, therefore, regard the disease as a variety of *adenoma*, or true glandular tumour, and the cyst as an accidental addition. The fact that, in many cases of sero-cystic sarcoma, the cyst is out of all proportion to the growth, may be held to support the latter view.

Fortunately for the practitioner, whatever may be the true pathology of the disease, its course and treatment are sufficiently ascertained. A disease of adult life, and most frequent in married women, cystic sarcoma is a slow-growing and generally painless affection, giving evidence of the existence of fluid at various parts. The size to which the tumour may develop is well shown in the drawing before you of a patient from whom I remember seeing Sir William Fergusson remove a breast weighing 19 lbs., and whose likeness is given in his *Lectures on the Progress of Surgery*. The fungous protrusion through the skin seen in her case is one of the common features of the disease in its later stages, and this doubtless led many of the older surgeons to confound this growth with other forms of fungus under the common term "fungus hæmatodes." The cystic sarcoma is not, however, a cancerous disease, although it may prove fatal by exhausting the patient's strength and vital powers; there is in connection with it no infiltration of the lymphatic system, nor any secondary deposit. At the same time it cannot be denied that cystic sarcoma has a tendency to recur, as in the case of Sir William Fergusson's already referred to, and in a case recorded by Mr. Cæsar Hawkins, where recurrence took place eight times. This recurrence is in all probability due to the increase and growth of some minute portion of the original growth which has escaped detection at the time of the operation. The obvious treatment, therefore, is to remove the entire breast in these cases, for nothing less will relieve the patient permanently.

I pass on now to a form of tumour of the breast, the glandular structure of which is generally admitted—the *adenoma* or *adenocele*, more familiarly known as the *chronic mammary tumour* of Sir Astley Cooper. This is usually an affection of early life—*i. e.*, between eighteen and thirty years, and occurs more frequently in the single than in the married woman. The tumour is often traced, or supposed to be traced, to some slight injury to the breast, the patient discovering a growth in the organ soon after having sustained some blow on the part. The pathology of this form of tumour is well ascertained, and it consists in a local hypertrophy of one of the lobules or *acini* of the breast, microscopic investigation showing a development of the true gland-tissue, and engorgement of the minute tubuli with epithelioma. At the same time there is a varying development of the fibrous or connective element, and thus some of these tumours in the Hunterian Museum were originally described by Paget as "fibro-cellular," on account of the disproportion of the connective to the glandular structure; whilst Broca describes as a separate class the "adenoma with predominance of stroma." According to Paget, the adenoma is developed from the interior of a cyst; but he remarks that "if all the mammary glandular tumours are of intra-cystic origin, it must be admitted that many of them very early lose the cystic form, and continue to grow as solid masses, for we find them solid when very small." The more recent researches to which I have already referred throw doubts, however, upon the intra-cystic development of these tumours; and as

their close connection with the true glandular structure of the breast is undoubted, though to some extent encapsuled, they are probably not cyst-growths. The progress of the tumour is slow, and for the most part painless, and would probably attract but little attention, were it not for the fear of cancer of the breast so constantly present to the female mind. Although generally single, more than one adenoid tumour may occur in the same breast, as in a single woman now under my care, in whom there are three small tumours at the lower part of the breast. Adenoid tumours have been met with large enough to weigh ten pounds; and occasionally, after being stationary for years, they undergo a sudden and rapid increase. When of large size, they are apt to undergo a process of softening, and then, should the skin give way, an outgrowth or fungus may protrude, identical in its nature with the benign fungus already mentioned in connection with sero-cystic sarcoma.

The diagnosis of this chronic mammary tumour is most important, and in many cases difficult. Undoubtedly, many cases of adenoma have been taken for scirrhus, and many of the vaunted cures of cancer depend in all probability on a similar mistake in diagnosis. The youth of the patient (for cancer of the breast is rare before thirty, which is the favourite period for the simple tumour), the mobility of the growth, the absence of the stabbing pain so characteristic of cancer, the healthy and non-retracted condition of the nipple and neighbouring skin, are all in favour of the adenoma. Another diagnostic sign of some value is the occasional occurrence of a sero-sanguinolent discharge from the nipple when the tumour is situated near that part; but, as already mentioned, this occurs in other growths besides the glandular tumour. The occurrence of cysts in connection with adenoid tumours must not be lost sight of, and their occurrence would render the diagnosis of a simple tumour more easy.

The appearance of these glandular tumours soon after the establishment of the menstrual function, and the undoubted fact that they not unfrequently disappear after marriage, during pregnancy, or during lactation, point to some intimate connection between the occurrence of these growths and the state of the uterine functions; and experience shows that the two organs, the breast and the uterus, have much in common. A transitory hardness and swelling of the breasts is not at all uncommon at the period of puberty, when the menstrual function is first established; and we find a few years later that the same sympathy exists. Patients suffering from adenoma of the breast will be found, on inquiry, to be often irregular, and frequently to be suffering from dysmenorrhœa or from some congested condition of the womb. A patient now under my care, who was sent to me for a supposed scirrhous tumour, which, however, was a rather hard adenoma, is suffering from retroflexion of the uterus, and her breast and uterus are returning to a healthy condition *pari passu*. This is not the time to enter into the treatment of uterine affections; it will be sufficient to say that your attention must be directed to them, and not concentrated solely on the breast.

With regard to the treatment of a tumour of the breast, one great point is to protect it from the anxious inspection and manipulation of the patient, who is apt to keep up constant investigation in order to ascertain its growth or diminution. In recent and slight cases of glandular enlargement, therefore, I simply employ a piece of belladonna plaster to cover the growth and the healthy tissue around it for a short distance. This should not be removed oftener than once a week; and, if persevered in for a few weeks, during which the general health and uterine functions are looked after, no further treatment may be required. Should the disease be of longer standing, however, it may be necessary to apply absorbents directly to the tumour, and for this purpose I prefer the iodide of lead ointment to any of the preparations of iodine, which last are apt to irritate the skin. The ointment may be conveniently applied beneath an opiate plaster spread on leather, and over it pressure may be applied either by bandage or strapping, a pad being used over the growth itself. A convenient method of applying pressure with plaster is to use

two straps, one a little wider than the other, and, having fixed them on opposite sides of the breast, to pass the end of the narrower one through a cross slit in the other, so as to make pressure on the tumour when they are drawn together. Another good plan is the "dove-tailed strapping" described by the late Mr. Maurice Collis, the two straps being cut so as to fit into one another, as shown in the specimens before you.

The good effects of continued pressure in cases of adenoma are undoubted; and in many cases of small size absorption will be produced, and in others a diminution of the tumour may be effected, though it does not follow that the growths may not enlarge again. It is the glandular element which is principally affected by this and other forms of treatment, and a small, hard mass, sometimes left after successful compression, is composed almost entirely of the fibrous stroma of the tumour. Hence, also, the harder and more fibrous forms of adenoma are unsuitable for compression treatment.

When an adenoma is increasing in size, or even when stationary, if it is painful and worries the patient, excision is the best remedy. The operation is a simple one, for it is only necessary to remove the growth, and not the entire breast; and if the tumour be carefully fixed with the fingers, so as to render the skin tense, a simple incision carried down to it at once will allow the mass to be readily enucleated without injury to the breast, if sufficient traction with the fingers or forceps be made on it. The wound usually heals readily, and the patient is at once relieved of her burthen.

The *irritable breast* of Sir Astley Cooper includes two forms of disease: one, where there is neuralgia of the breast without any tumour; and the second, where a painful tumour exists. In the former class the neuralgia depends in all probability on constitutional causes, and may be connected with the uterine function; and appropriate general treatment must be adopted. In these cases it is not unusual to find a general slight induration of the breast, but no distinct tumour. The cases of painful tumour are for the most part examples of chronic mammary tumour which have become painful; but other diseases of the breast of a simple character occasionally display the same tendency. The treatment for a painful adenoma would be the same as for the ordinary form of the disease—viz., sedatives and compression; but should the pain remain persistently, an early removal may be advisable. The possible occurrence of a neuroma or painful subcutaneous tubercle on one of the filaments of nerve in the mammary region must not be entirely overlooked, though its occurrence appears to be exceedingly rare.

In addition to these, which may be termed the common tumours of the breast, there are a few others occasionally met with. Thus, a true fibroid tumour of the breast is occasionally found; and so also the fibro-cellular tumour, of which a good example is recorded by Mr. Bryant in the *Pathological Society's Transactions*, vol. xix. A recurrent form of fibroid has also been met with in the breast; but of this I shall speak in connection with the cancerous growths.

Another form of fibrous disease is that described by Virchow as diffuse fibroma of the breast, or, as it has otherwise been called, benign induration of the breast. This consists in at first a painful enlargement of the whole organ, followed by a contraction of the interstitial fibrous tissue and atrophy of the breast-substance. Virchow compares this to the interstitial inflammation met with in the lungs, liver, and kidneys, and figures a section of a kidney with white fibrous masses in it. Now, we have learnt of late years, and chiefly from the labours of Dr. Wilks, that fibroid deposits in various organs are the result of syphilitic infection, and I am inclined to think that this condition may occur in the breast.

Since writing the above, I have found that, though English authorities are silent upon the subject of syphilitic disease of the breast, yet it has been recognized in France for some years. Lancereaux, in his work on Syphilis (Sydenham Society's translation, vol. i.), recognizes two distinct forms of syphilitic disease of the breast—the diffused or *syphilitic mastitis*,

and the circumscribed or *gummy mastitis*. An Italian surgeon, Dr. Ambrosoli, has also described three cases of the diffuse form of the disease. The gummy tumour of the breast is liable to be confounded with adenoma, and has no doubt been removed for it. A specimen removed from a man by M. Verneuil resembled in its structure a softened encephaloid growth, and exuded a creamy fluid on pressure. Fortunately, in most cases of the kind, the formation of similar tumours in other parts of the body would assist the diagnosis; but where there is evidence of infection of the patient's system (and, for myself, I always believe in such an infection where there is a history of frequent abortions, even without other evidence), a trial should be given to the administration of the iodide of potassium in large doses, and the local inunction of mercurials.

A still rarer form, or at least little recognized form of disease in the breast, is the *myxoma*, or mucous tumour of Virchow, a soft gelatinous growth, often confounded, no doubt, with colloid disease.—*Lancet*, June 17, 1871.

HOSPITAL NOTES AND GLEANINGS.

Pathological Facts indicative of the Conveyance of Disease by Disordered Nerves.—The following observations made at Guy's Hospital, by Dr. Moxon, afford interesting evidence in favour of the transmission by nerves of irritations capable of producing, at their peripheral extremities, grave morbid changes similar to those which have taken place at their centres of origin. We join with Dr. Moxon in hoping that their publication may incite other pathologists to bring forward any facts bearing upon the subject which they may have met with in the course of their investigations.

In reference to these cases, Dr. Moxon says that the fact of nerve-disturbance exciting certain kinds of nutritive changes is illustrated by common examples of the states called "zoster;" by the not unfrequent occurrence of rheumatoid inflammation in the joints of the lower extremities in subjects of paraplegia; by the changes occurring in the retina in intracranial disease; by ulceration of the duodenum, or even of the stomach (of which he has recently seen a marked instance), in burn cases; and by the power of partial division of the fifth nerve to induce ulceration of the cornea, which has lately been reaffirmed. He thinks also that the circumstances and characters of certain other ulcers of the cornea and of the stomach are but phases of hyperæsthesia, and should be treated as being essentially nervous.

Case 1.—While the body of a boy was under inspection, it was noticed that in either side of the chest there was a remarkable band of old pleuritic thickening. This took the course of the third and fourth dorsal nerves so exactly on each side in the parietal pleura, that Dr. Moxon was induced to examine the spinal cord at the point of origin of these nerves for some explanation of so remarkable an appearance. It was then found that at the parts of the cord which gave rise to the third and fourth dorsal nerves, there was an old dilatation of the ventricular cavity. This dilatation would admit a No. 4 catheter, and was two inches long. It was closed at its ends, and the medulla around appeared quite healthy. The wall of this hydro-myelocele was a little thickened. There was no other dilation of the cord's ventricle, nor any other disease of the nervous centres, discoverable. It was scarcely possible to regard this as a mere coincidence. It was no common pleurisy. The peculiarity of its appearance led to the examination of the cord, which otherwise would not have been made. The boy had exhibited no spinal symptoms.

Case 2.—A woman died in the clinical ward of paraplegia. On inspection it was found that a tubercle, of the size of a small marble, occupied and almost destroyed a part of the cord opposite the eleventh and twelfth dorsal intervertebral substance. In the abdomen a remarkable appearance was presented: neither the upper part of the cavity nor the peritoneum of the true pelvis showed any tubercle, but a zone of crowded miliary tubercles extended round the cavity in the peritoneum lining the false pelvis and hypogastrium; there were none on the

viscera. The limitation was remarkable, and the relation of these tubercles to that in the corresponding part of the cord could scarcely be a coincidence. It is known to morbid anatomists that tubercles on the peritoneum, though they prefer the parietal to the visceral layer (except in the case of the omentum), adopt the diaphragm as their favourite seat, and, as a rule, are rather generally scattered; but Dr. Moxon did not recollect having ever before seen such a distribution of tubercles as in this case. Their situation corresponded very significantly with the affected portion of the cord.

Case 3.—A woman had painful paraplegia, with headache, aphonia, and paralysis of the left side of the tongue. The post-mortem examination revealed a free scattering of cancer (soft round-cell sarcoma) in the course of the spine, in the bones. A mass of this cancer grew in the basilar bone, and destroyed the eighth and ninth pairs of nerves on the left side. There was no visceral cancer. The cricoid cartilage was in a singular state: the greater part of its left side was in a pulpy condition. This part was rather sharply demarked from the rest of the cartilage. Dr. Moxon made microscopical examinations on several occasions, but could not determine whether the state of the cartilage was or was not *its* sarcoma. There was some proliferation of the cells, but not very much. The intercellular substance was soft and fibrillar, and reduced in amount. But the appearance was different from that of the other cancer growths; and it was hard to say how far the very unusual circumstance of a development of cancer in cartilage determined the difference of minute structure, or whether some other form of altered nutrition had been in operation. Whichever view were true, it was scarcely possible, Dr. Moxon thought, to avoid concluding that the disease at the root of the eighth nerve of the same side had caused the change. The muscles were atrophied, and the nerves wasted.—*Lancet*, June 17, 1871.

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Effect of Pregnancy on a Fibroid of the Uterus.—A. E., aged 29, married, and the mother of three children, admitted into the Royal Infirmary, Edinburgh, under the care of Dr. Matthews Duncan. Had enjoyed good health up to the time that her second child was born, when she had an attack of what she calls childbed fever. Twelve months after the fever she aborted at the third month, and since then she has aborted twice—at the eighth week and at the seventh week respectively. About four years ago a tumour was detected by her ordinary medical attendant, low down in her abdomen, in the region of the right iliac fossa.

When first examined in the Infirmary she was about five months gone with child; a tumour, about the size of a fœtal head, occupied the right iliac fossa—it was closely connected with the uterus. As pregnancy advanced this tumour was observed to increase in size, and to become soft, which gave it a feeling as if filled with fluid. On returning, five months after her confinement—which was quite natural—the tumour had diminished in size, being then no larger than a turkey's egg. The probe entered the uterus three and a half inches. At this time she expressed herself as enjoying good health, complaining of nothing. A year and a half after confinement the tumour had again increased in size, so as to fully occupy the upper part of the cavity of the pelvis. About this time she missed a monthly period, but at the following period she menstruated very profusely. When examined during the attack of suppression of the menses, the tumour was found to project above the symphysis pubis, to be about the size of the fist, and quite movable; on the other hand, after the menorrhagia, the uterus and tumour were observed to have shrunk into the pelvis.

Remarks.—It is a question of moment to patient and practitioner—one which has been answered both in the negative and the affirmative—whether or not a fibroid of the uterus may disappear spontaneously. On the solution of this question our belief regarding the efficacy of remedies towards promoting this much-desired object will in a great measure be modified. The case before us undoubt-

edly proves that a change in size may be produced by the supervention of pregnancy, that the disease increases with the advent of pregnancy, and that after parturition, when the uterus undergoes involution, the fibroid partakes in the diminution of bulk consequent on this. In the case reported, the varying size of the tumour under different conditions was carefully examined and noted at the time. When first seen, A. E. was pregnant; at that time the tumour was as large as a fœtal head. She did not make her appearance again until five months after confinement, so that an opportunity of judging of the full effect of involution of the uterus on the dimensions of the fibroid was not afforded us. At that time, however, a change in size was to be observed; it was reported as being not larger than a hen's egg. The next report was made eighteen months after confinement; then it had increased in size so as to fully occupy the cavity of the pelvis. During the whole of this period little or no treatment was had recourse to, so that the case illustrates what takes place when this disease is left to the unaided efforts of nature.—*Med. Times and Gaz.*, July 15, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Section of the Forearm by a Saw successfully treated.—H. S. Roberts, of Manhattan, Kansas, records (*The Medical Herald*, Aug. 1871) a remarkable case of this.

A workman in a saw-mill, while reaching into the saw-pit while the saw was in motion, had his right arm caught by the whirling saw, and in an instant almost entirely severed. When seen by Dr. R. he "found, upon examination, that both radius and ulna, with all the extensor tendons of the forearm and surrounding tissues, were divided diagonally across the forearm, from about one inch above the carpal articulation of the radius, to about two inches above the head of the ulna—but that both radial and ulnar arteries with the flexor tendons, and about two and a half inches of the integument, were uninjured." The patient begging most piteously to have his hand saved, Dr. R. determined to attempt doing so. The next morning, having anæsthetized him, "the operation was performed by removing all the spicula, and excising the ends of both parts of the fractured bones, the parts were adapted, and the edges of the wound brought together with the interrupted suture. The arm was then dressed with an anterior long splint—a modification of Bond's—with the hand well extended, so as to allow the ends of the extensor tendons to be caught by the cicatrix, the fingers semi-curved, and all held in place by a few turns of roller bandage. He was then directed to be brought to Manhattan, that he might be under my more immediate care.

"The subsequent dressing was cold water with carbolic acid, which, with an occasional opiate or laxative, completed the medication. A full diet was kept up, and on the ninth of November he was discharged—the wound having healed and the bones apparently united, as there was no indication of mobility or rotary motion to the forearm. Passive motion to the fingers had been begun some time before the case was dismissed. This was directed to be continued, as also that of the wrist.

"I heard from my patient occasionally: that he was having the use of the arm and hand; that he worked at binding grain during harvest, and in the autumn and winter that he used them in chopping.

"I sent a request to him to call on me, as I wished to examine his arm, which he did on the fourteenth of April last, one year and a half after the injury was received, when I found that he had perfect motion at the wrist-joint, almost perfect use of all the fingers and thumb, and, very much to my surprise, that he had the rotary motion of the forearm, but that it was through the medium of a *false joint* at the point of fracture of the ulna. As was anticipated, with each motion of the fingers, the cicatrix moved up and down the arm."

Exsection of Head of Femur for Morbus Coxarius.—Dr. Sayre exhibited to the New York Pathological Society (April

26, 1871) several specimens of exsection of the head of the femur for morbus coxarius. The first was from a child four and a half years old, who had suffered from hip-disease for two years, at the end of which time it exhibited all the characteristics of the third stage. The disease was caused by a fall down a flight of stairs.

Dr. Sayre saw the case for the first time April 2d, and then opened a large abscess. On account of the size of the latter, the operation for exsection was postponed until the 22d, in order to give the sac a chance to retract. The head of the femur was found lying loose in the cavity, and the unhealthy portion of the cervix was removed by the saw. The child was placed in wire breeches, and in the course of the next twenty-four hours was well enough to be driven out to take the air in Central Park. Since then there had not been an untoward symptom. The point of interest was the speedy and satisfactory recovery of the patient.

A second specimen was from a child five years of age, sent to Bellevue by Dr. Dunster. The case had advanced to the third stage. The head of the femur was removed on the 28d of February. An attempt was made to adjust the wire breeches; but not having a pair to fit, Dr. —— placed the child on its belly, and made a plaster cast of the back and posterior portions of the lower extremities, by which means the hip was kept perfectly steady, and the patient made comfortable.

A third specimen was removed on the 28th of February, from a boy nearly nine years of age. His case had likewise advanced to the third stage. The disease was the result of a fall from a wagon two and a half years before. After the operation the wire breeches were used. The wound was nearly healed ten or twelve days ago. The only drawback was a bedsore on the sacrum and on the back of the heel. There was very little shortening in the last two cases.

Dr. Flint asked if Dr. Sayre had found any connection between morbus coxarius and pulmonary phthisis, in regard to cause and effect; whether, in a word, there was any special liability to phthisis when the matter was so long pent up as it must have been in these cases.

Dr. Sayre replied in the negative, and stated that he had performed in all thirty-nine operations, with eight deaths. In only two was there any tuberculous disease of the lungs found post-mortem. Nine of the thirty-one are living, and have as yet shown no signs of phthisis.—*Medical Record*, August 15, 1871.

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Case of Poisoning from the Bite of a Rattlesnake; Administration of Chloral; Recovery.—J. H., a young man living at Point Pleasant, N. J., had a habit, when he saw a snake lying in his path, of catching it by the tail and cracking its head off. By mistake he "caught a Tartar," in the form of a young rattlesnake, and was bitten through the finger before he could accomplish his purpose. Dr. Robert Laird, of Squaw Village, N. J., saw him an hour afterwards and found him in convulsions, finger and hand swollen, pulse intermitting, eyes glaring and bloodshot, teeth set. He immediately placed a tight ligature about the wrist, scarified and cauterized the wound, and applied a poultice of strong ammonia and tobacco. The patient, before the doctor's arrival, having taken half a pint of whiskey, he gave him a hypodermic injection of morphia. The convulsions still continuing, he pried open his mouth and gave him gr. xx of hydrate of chloral every ten minutes; after taking the fifth dose the convulsions ceased, he sank into a deep sleep of several hours' duration, and afterwards had no more of them. Three days afterwards he was sitting up, convalescent.—*Medical Record*, Aug. 1, 1871.

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Condurango.—We have already expressed our want of faith in vaunted powers of this supposed new remedy for cancer, and all that we have since learned has not tended to weaken our scepticism. Dr. Antisell, of Washington, who has analyzed the article, has failed to discover in it any active principle, alkaloid, volatile oil, or acid, to which active properties could be ascribed, merely a small per cent. (2.7) of yellow resin soluble in alcohol.

The three cases reported by Dr. Bliss (*N. Y. Med. Journ.*, July, 1871), in which he has administered the medicine, seem to us to be very far from justifying his sanguine expectations of their ultimate cure. The editors of the *National Medical Journal* (Aug. 1871) state that they have been disappointed in obtaining for publication at present two reports, now on file in the archives of the Department of State, but that they have "learned through unofficial sources that both reports are unfavourable, in both instances the patients (two) have died." There are few empyrical remedies in regard to which as reliable testimony might not be adduced in favour of their efficacy as has so far been brought forward as to the remedial powers of condurango.

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Medical College of Ohio.—Dr. W. W. Dawson has been elected to fill the vacancy in the chair of Surgery in this institution caused by the death of George C. Blackman, M.D. The appointment is regarded as a most excellent one.

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The Medical World.—This is the title of a new monthly medical journal edited by Reuben A. Vance, M.D., and published by Wm. Baldwin & Co., of New York, and of which the first number was issued in July last. We welcome it to our exchange list.

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Obituary Record.—Died at Cincinnati, on the 19th of July, in the 58d year of his age, George C. Blackman, M.D., Professor of Surgery in the Medical College of Ohio. Dr. Blackman graduated in medicine at the College of Physicians and Surgeons, New York, in 1840. In 1847 he was honoured by an election to the Fellowship of the Royal Medical and Chirurgical Society of London, and in 1853 was appointed to the Professorship which he held at the time of his death. His contributions to medical literature were numerous and valuable; not only did he write for the pages of our periodical literature, but also edited the last edition of *Mott's Velpeau's Operative Surgery*, and translated with annotations *Vidal on Venereal Diseases*. His surgical judgment was sound, his operations well conceived and bold, and his teaching erudite. He did much to extend the fame of American surgery, and in his demise American surgery has met a severe loss.

We regret to learn that Dr. Blackman has left his family inadequately provided for, and are happy to announce that a *Blackman Testimonial Fund* has been formed for the benefit of his widow and children. Contributions to this fund may be forwarded to Drs. M. B. Wright, E. B. Stevens, and W. W. Dawson, of Cincinnati.

FOREIGN INTELLIGENCE.

Chorea of the Tongue from Emotion.—M. Amedee Latour, describing the bombardment of Chatillon, thus speaks of its effect on himself. "During the first days I had tremblings at every discharge of cannon, together with strong and frequent palpitations of the heart and tremor of the hands. My tongue was seized with a kind of insupportable chorea, which, indeed, I have often experienced on the occurrence of vivid emotions, of which, during my life, I have had my share. It is a strange phenomenon, which I have seen nowhere described. The muscles of the tongue are seized with convulsions, which cause the organ to execute irregular movements to the right and left, fix it against the palate, or curve it back on the frænum—keeping it in constant motion, and occasioning a most unpleasant and irritating sensation. Speech is impeded, and articulation painful, so that it is impossible to read aloud, and to converse is a matter of difficulty. These lingual movements are entirely independent of the will, which can neither arrest nor modify them, whatever effort be made. Sleep suspends them; but they reappear soon after waking. This inconvenience lasted during the first week, but after then, as I became accustomed to the noise, the lingual and cardiac muscles resumed their normal action."—*Med. Times and Gaz.*, July 22, 1871.

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Preventive Treatment of Lead-Poisoning.—M. Péligot, director of one of the principal glass manufactories in France,

noticed some time ago that two of his workmen, who were in the habit of drinking a quantity of milk daily, were quite free from symptoms of lead-poisoning, from which the other persons employed suffered extensively. He consequently caused each of his workpeople to bring to the manufactory a quart of milk daily; and from the time when this mode of diet was commenced, there has not been a single case of lead-colic. Dr. Méhu recommends, as a means of removing the fine lead-particles from the skin, the use of baths of hydrochlorate of soda. A solution is prepared by mixing 400 *grammes* (about 13 ounces) of dry chloride of lime, 800 *grammes* of crystallized carbonate of soda, and 10 *litres* of water. This is sufficient for a bath of 44 gallons. The person remains in the bath about half an hour, and rubs with his hands or with a brush the parts where the lead has been deposited.—*Brit. Med. Journal*, July 15, 1871, from *Journal de Méd. et de Chirurgie Pratique*, Mars, 1871.

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Nephrotomy.—Dr. MEADOWS performed the operation of nephrotomy on July 1st under rather peculiar circumstances. The operation was performed for the relief of a patient who presented the symptoms usually recognized as those of ovarian dropsy, but, on opening the abdomen, the tumour was found to be a large cyst of the kidney. The true structure of the organ had almost entirely disappeared, while the other kidney was apparently healthy. Dr. Meadows, in the belief that the removal of the diseased organ presented the best method of treatment, accordingly applied a ligature, as in the operation for the removal of ovarian tumour. Unfortunately the case proved fatal on the the sixth day from hemorrhage, which took place from the pedicle. The mass was separated close to the spine, and the ligature was applied within an inch of the vena cava. There was not the slightest trace of inflammation anywhere. The gradual and ultimately complete destruction of the secreting substance of the kidney no doubt led to complementary enlargement of the healthy organ on the opposite side, and diminished to a minimum the chances of uræmic symptoms supervening after the operation; but such would likely be the condition in the majority of cases in which it might be advisable to perform the operation of nephrotomy. The cause of death appears to have been purely accidental, and altogether the case lends support to the view that the operation is not so intrinsically formidable as has been generally supposed.—*Brit. Med. Journal*, July 8 and 15, 1871.

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Treatment of Divided Tendons.—In the case of a young man who had received a wound from a billhook on the back of his hand, dividing the extensor tendon of the middle finger, Dr. Bessières had two splints made, curved on the flat: one, the palmar splint, was large enough for the hand; while the dorsal one was two finger-breadths wide. The wound was united by a suture passing through the skin only: the concave surface of the palmar splint was then applied to the hand, and the convex surface of the dorsal splint to the middle finger, which was kept thus (with the aid of diachylon plaster) in a state of extension. At the end of three weeks a little stiffness in flexion remained; and six weeks after the injury the man had complete use of his finger.—*Brit. Med. Journ.*, July 29, 1871, from *Annales de la Société Méd.-Chir. de Liège.*

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Subperiosteal Resection of Joints.—This method has lately been illustrated in a striking manner by Dr. Czerny. This surgeon showed, at a meeting of the Medical Society of Vienna, the elbow-joint of a girl who had just died of pneumonia, and upon whom subperiosteal resection had been performed by Prof. Billroth three years before. The form of the joint had been regenerated, the cartilaginous covering and synovial membrane being clearly apparent, as in a healthy articulation. The shape of the articular surfaces, however, was somewhat different from the normal aspect, and had some analogy with the structure of the knee-joint, as interarticular ligaments had been thrown out, but without interfering with mobility. The insertion of muscles looked

quite natural, and the tendon of the biceps being spread out, gave more power and leverage to the movements of flexion. We have had, on several occasions, to remark that this mode of operating has not found sufficient favour in this country. —*Lancet*, July 17, 1871.

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Perchloride of Iron and Manganese in Necrosis, Fistulous Sinuses, and Hydrocele. —Prof. Marcacci states (*L'Imparziale*) that: 1. Perchloride of iron and manganese, injected into fistulous sinuses, destroys the pyogenic membrane, modifies the state of the walls, and favours cicatrization. 2. In necrosis it acts on the confines of the living bone, stimulating its vessels; so that the detachment and separation of the dead bone are facilitated by the formation of new vessels in the living. 3. In hydrocele it soon modifies the inner surface of tunica vaginalis, which becomes filled with plastic exudation, attended with more or less inflammation, according to the quantity and strength of the injection used. 4. It is not necessary that the tunica vaginalis should be distended by the injection, it is sufficient that the liquid be brought in contact with all parts of the membrane. 5. Very little pain is produced by the contact of the solution, but it is not the less efficacious. 6. A weak solution is sufficient, which should be kept in two minutes. 7. In seven cases of hydrocele, in which the injection was used, hard œdema followed, but was not a serious complication.—*Med. Press and Circular*, July 12, 1871.

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Hydramyle.—Dr. Richardson, in continuing his researches on the physiological action of the light hydrides, has recently succeeded in rendering one of the series applicable for the production of general anæsthesia, and has administered the vapour of it to the human subject, for short operations, twice during the present week, and with marked success. He proposes to call the substance hydramyle. The vapour is so rapid in its action, that, in a case of extraction of a molar tooth, the patient was rendered insensible, the operation was performed, and recovery was completed in fifty seconds. For tooth-extraction Dr. Richardson lets the patient inhale for twenty or twenty-five seconds, and then, although there is still consciousness, he withdraws the vapour. After this, a deep but brief stage of unconsciousness comes on, during which the operation is carried out. The delay in the production of anæsthesia is due to the insolubility of the hydramyle—that is to say, after the lungs are charged with the vapour, time is required for the blood to take up the narcotic and carry it to the nervous centres. The same phenomena may be observed, in a lesser degree, from bichloride of methylene and from methylic ether. For short operations, such as tooth-extraction, the occurrence of deeper insensibility after the inhalation has been stopped is an advantage, and the fact that the insensibility intensifies for a short time, as stated, will have to be specially remembered by administrators. *Med. Times and Gaz.*, July 1, 1871.

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Ozonic Ether as a Deodorizer and Disinfectant.—In a letter to the editor of the *Australian Medical Journal*, Dr. John Day, of Geelong, strongly advocates the employment of this preparation. He states that for the last six years he has kept water-closets perfectly free from all offensive odours, by hanging a piece of sponge against the wall and occasionally pouring over it a few drops of a mixture of ozonic ether and oil of cassia, in the proportion of twenty drops of the latter to an ounce of the former. In the sick-room he found ozonic ether of great value as a deodorizer and disinfectant, particularly for the purpose of purifying the air after the night-stool has been used, when all that is necessary is to pour three or four drops of it on a piece of paper and throw it into the vessel. If used in large quantities it is liable to produce headache. In the proportion of one or two ounces of the ether to a pint of water, Dr. Day employs it with advantage as an injection in those uterine diseases which are accompanied by offensive discharges, and he finds that it not only at once deodorizes the discharge, but acts as a most agreeable sedative. He finds that ozonic ether added to pus gives rise to decomposition, accom-

panied with pretty active effervescence, and that after a time the corpuscles become shrunken or altogether destroyed. May not this fact have an important practical bearing in checking the spread of those diseases that are assumed to originate in the presence of pus-cells with air?—*Med. Times and Gaz.*, June 24, 1871.

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Cotton-wool as a Surgical Dressing.—The surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. In consists in introducing a quantity of cotton-wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapt round and round with cotton-wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on following days, if necessary, so that there may be a mild compression; but the dressing remains undisturbed till the 20th or 25th day, when, on removing the packet of wadding, a glassful of pus is found within the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amidst the extraordinary mortality which has attended all the amputations done since the beginning of the German siege, has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation here in the surgical wards of the hospitals, and Professor Gosselin, of La Charité, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—*Lancet*, July 15, 1871.

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Paracentesis Thoracis in Pleuritic Effusion.—M. Constantin Paul has published, in the *Bulletin de Thérap.* (July 30th, 1871), eight very interesting cases, in which it is plainly evident that early tapping of the chest in undoubted pleuritic effusion is far more favourable than diaphoretics, derivatives, &c. The tapping, as was the case with Trousseau, is not used as a mere palliative, but in view of an eventual cure. M. Paul uses Raybard's instrument, which is fitted to a bag of goldbeater's skin, and has found that no air penetrates the chest.—*Lancet*, Aug. 5, 1871.

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Prediction of the Day of Confinement.—Dr. Duncan, criticising (*Edin Med. Journal*, 1871) Dr. Ahlfeld's memoir on the duration of pregnancy, says calculation must be empirical. He takes the following method: Find the day on which the woman ceased to menstruate. Take that day nine months forwards as 275 days, unless February is included, when it is taken as 273 days. To this add three days in the former case, or five if February is in the count, to make up the 278 days. He tests this by 153 cases. The prediction should not state the week, but the fortnight of delivery.—*Brit. and For. Med.-Chir. Rev.*, July, 1871.

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Cholera.—The rumoured extension of cholera from Russia into the Baltic provinces of Prussia has very naturally caused alarm lest the malady should again spread to West Europe. The news requires confirmation; and much of the alarm depends upon a mistaken notion of the rapidity of diffusion and direction of progress of the epidemic. One account describes the disease as having made its way in the familiar cholera route from Persia through Russia to the shores of the Baltic; and the Registrar-General, in his last weekly report, writes that "Asiatic cholera (as it was a painful duty to announce early last June) is entering Western Europe through Russia, where, Dr. Zuelzer says, it is fast advancing on the German frontiers. In the second week of this month it broke out in Wilkowyski (a town of Poland, on the road to Konigsberg, west of the Niemen), where 34 deaths occurred within a few days. The epidemic has prevailed in Wilna for four weeks, and from 10 to 15 deaths are reported daily. At its present rate of progress it may reach Germany in two or three weeks."—*Lancet*, July 29, 1871.

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Curious Case of Congenital Malformation.—A very interesting case of malformation of a precisely similar nature occurring in three members of the same family, has lately been seen among Dr. Squarey's out-patients at the Soho Hospi-

tal. The patients are three sisters, aged respectively 26, 18, and 16. The eldest of the three was aware of her abnormality, and came to the hospital to see if anything could be done for her. On examination, the vagina was found to be merely a cul-de-sac, about three inches in length; no os uteri was to be felt, and every method of examination only tended to show that the uterus was absent. She casually mentioned that her younger sister, like herself, had never menstruated. The second sister was accordingly examined; her vagina was a cul-de-sac, about half the length of her elder sister's, and no evidence of a uterus could anywhere be detected. The youngest of the three sisters was also found to be in the same state. This is a very interesting, and, we should fancy, an almost unique case; for although it is common enough for malformations to occur in several members of the same family, they have generally been inherited from one or the other parent, and in the present instance it is difficult to conceive how this could have happened. It would be interesting to know if any similar malformations exist in any of the collateral branches of the family. It is impossible that such can have existed in the direct line. The mother of these patients is, we understand, the second wife of her husband. All her husband's first family, including three daughters, are quite healthy, the daughters having married, and borne children.—*Lancet*, July 29, 1871.

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Murders by Lunatics.—There have been several cases of murder by lunatics investigated lately, and in more than one of these the murderer was known to be insane before the commission of the crime. One instance was that of a man who destroyed his wife, but had been to a Roman Catholic priest a day or two before, who had refused to confess him on the ground that he was not in his right mind. Another case was that of Charles Sleight, a teacher, who murdered a deaf and dumb woman, the matron of the Deaf and Dumb Asylum at Hull. His conduct before the murder had led both his victim and her brother to state that his head was affected. These cases point a moral that the English Legislature is slow to learn. If the persons in question had, at least, been placed under medical treatment and surveillance, with temporary restraint, the crimes would certainly have been prevented, although some medical man might have been made the victim of an action for false imprisonment.—*Med. Times and Gaz.*, August 5, 1871.

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English Aid to France.—Counts de Flavigny and Serrurier, representatives of the International Society for the Relief of the Wounded, and Drs. Ricord and Demarquay, surgeons of the "Ambulances de la Presse," have visited London for the purpose of expressing to the British nation the thanks, not only of the two societies they represent, but also of the French Government, for the generous relief afforded to their countrymen during the late war. They brought with them the Cross of Commander of the Legion of Honour conferred on Colonel Lindsay, the President of the English Society, for succour to the sick and wounded, by the government of France in recognition of the valuable services performed by the society. The medical profession of London entertained the distinguished gentlemen at a dinner at which Sir William Fergusson presided, and at which the most friendly and cordial sentiments were expressed.

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Obituary Record. — Dr. Liegeois, Vice-Professor at the Paris Faculty, and the author of several well-known works on anatomy and physiology, recently died suddenly at Paris. He had accompanied an ambulance during the war as chief surgeon, and the wear and tear of the campaign had much prostrated him.

——, at Brighton on the 7th of July, Thomas Hawkes Tanner, M.D., aged forty-six years. Dr. Tanner is well known in this country as the author of a "Practice of Medicine" of "Signs and Diseases of Pregnancy," of a "Practical Treatise on the Diseases of Infancy and Childhood," and several other works. Dr. Tanner, had suffered for years from slight albuminuria and frequent prostrating headaches. He was an instance of the sad results of overwork of body and mind, of which so many professional men are guilty.

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